



ND HEALTH TRACKS SCREENING RESULTS
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
HEALTH TRACKS
SFN 871 (Rev. 06-2002)

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|-----------------------------------|--------------------------|----------------------------|------------------------------------|
| FOR: | | | |
| Vision: R _____ L _____ | Color Perception: | Test Used: | Hearing: R _____ L _____ |
| Height: | | Weight: | Head Circumference: |
| Blood Pressure: | | Pulse: | Respiration: |
| Hemoglobin: | | Urine Test Results: | |
| Immunizations: | | | |
| Other Recommendations: | | | |

HEALTH TRACKS APPOINTMENTS

| | | | |
|-------------------------------------|--------------|--------------------------|-------------|
| Appointment With: | | Telephone Number: | |
| Street Address: | City: | State: | Zip: |
| Appointment Date & Time: | | | |
| Comments: | | | |

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|-------------------------------------|--------------|--------------------------|-------------|
| Appointment With: | | Telephone Number: | |
| Street Address: | City: | State: | Zip: |
| Appointment Date & Time: | | | |
| Comments: | | | |

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|-------------------------------------|--------------|--------------------------|-------------|
| Appointment With: | | Telephone Number: | |
| Street Address: | City: | State: | Zip: |
| Appointment Date & Time: | | | |
| Comments: | | | |

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|-------------------------------------|--------------|--------------------------|-------------|
| Appointment With: | | Telephone Number: | |
| Street Address: | City: | State: | Zip: |
| Appointment Date & Time: | | | |
| Comments: | | | |

IMPORTANT: If you are unable to keep this appointment or if you need assistance with transportation, please call the Social Service Board.

| | | |
|------------------------------|----------------|---------------|
| Social Worker's Name: | County: | Phone: |
|------------------------------|----------------|---------------|

REMEMBER: You are responsible for contacting your social worker after every appointment. Thank You!

DISTRIBUTION: ORIGINAL - Parent CANARY - File